

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10-784-288 FILING DATE 02-24-04
 APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4	1					
5		3				
6		3				
7		3				
8		3				
9		3				
10		3				
11		3				
12		1				
13		1				
14		3				
15		3				
16	1					
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18	1					
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50						
TOTAL IND.	8					
TOTAL DEP.	29					
TOTAL CLAIMS	37					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						